**Performance**

**Report**

**1800 951 822**

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| Name: | Intereach Limited - Deniliquin |
| Commission ID: | 200673 |
| Address: | Cnr Trickett & Napier Streets, DENILIQUIN, New South Wales, 2710 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 15 October 2024 |
| Performance report date: | 5 December 2024 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Services included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 2520 Intereach Limited  
Service: 23523 Intereach  
Service: 17513 Intereach Community Support

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7483 Intereach Limited  
Service: 26059 Intereach Limited - Care Relationships and Carer Support  
Service: 26060 Intereach Limited - Community and Home Support

**This performance report**

This performance report has been prepared by M.Wyborn, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the services it operates, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment contact (performance assessment) – site report was informed by a site assessment, observations at service outlets, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary for Home Care Packages (HCP)

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements were assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements were assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements were assessed** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements were assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements were assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements were assessed** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP | CHSP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant | Compliant |

Findings

The service demonstrated effective assessment and planning processes that include consideration of risks to individual consumers health and well-being, and which are appropriately used to deliver safe and effective care and services. Consumers and representatives advised they routinely receive supports that are conducive to improving their health and well-being The service administers relevant policies and procedures that provide guidance for staff to ensure assessment and care planning informs effective and safe care and services. Consumer documentation demonstrated that the service captures person-centred information to enable informed delivery of care and services, and staff demonstrated that assessment and care planning routinely identifies risks via appropriate assessment tools to identify individual consumer needs, goals, and preferences. Management demonstrated that while the service does not directly employ clinical staff to address complex consumer needs, they do engage a nursing care brokerage service to enable delivery of safe and effective clinical care. The service has engaged a clinical care manager to oversee the delivery of clinical care and review clinical assessments. With these considerations, I find the service compliant in Requirement 2(3)(a).

The service demonstrated regular review of care and services, promotion of safe and effective care, and comprehensive communication and documentation for consumers. Staff demonstrated appropriate knowledge of the needs of individual consumers and how these are reviewed to ensure a contemporaneous approach to delivering care and services that meets all consumer needs. The service demonstrated effective care systems that highlighted a systemic approach to case conferencing and which supports consumers to communicate changes in their condition resulting in a change to their care and services delivery. Consumers and representatives advised they are satisfied with the information they receive from the service and highlighted that representatives advised they are contacted any time staff identify any changes with the consumers' condition. HCP care and services plans are reviewed quarterly or when a consumer’s condition changes, and CHSP care plans/agreements are reviewed when necessary. The service administers a ‘resident of the day’ program to ensure all goals, needs and preferences are updated and captured accurately. Staff routinely access consumer care plans to ascertain what care and services each consumer requires and communicate changes to the care manager promptly through the service’s care application and via phone if necessary. Management maintain oversight of consumer progress notes to ensure information is captured and managed promptly. The service’s care system administers alerts which indicate when care and service review and planning is required. With these considerations, I find the service compliant in Requirement 2(3)(e).

# Standard 3

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| --- | --- | --- | --- |
| Personal care and clinical care | | HCP | CHSP |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |

Findings

Consumers and representatives advised they are satisfied with the care and services they receive and that the service routinely considers risks related to their health and well-being. Consumer care planning documentation appropriately identifies and clearly records effective strategies to manage key risks for consumers. Consumer care planning documentation demonstrated that the service has undertaken action where vulnerable consumers are identified in the service’s electronic management system via the alert/tag of those consumers. The service demonstrated that staff have completed dementia training as part of their suite of mandatory training, and the *‘aged care services managing high-impact and high-prevalence risks’* policy is used to guide the organisation’s approach to effective management of high-impact and high-prevalence risks associated with delivery of personal and clinical care of consumers.

With these considerations, I find the service compliant in Requirement 3(3)(b).

Consumers and representatives advised they are satisfied that staff maintain appropriate knowledge of their personal and clinical needs. Consumer care documentation demonstrated *‘Service Agreements for Brokered Clinical Services’* which includes references that clinical notes must be provided for each brokered service after the service has been provided; must include as a minimum the consumer name, the staff that provided the service, the date, the time and the total number of minutes/hours that the service took, including the type and details of the service delivered. The service demonstrated that staff appropriately use their mobile application to obtain previous notes and to ascertain current information and alerts related to the consumers for which they are providing care and services. The service maintains oversight of the clinical notes to ensure effective and best practice clinical care is routinely being delivered and consumer documentation demonstrated that brokered clinical service providers are communicating progress notes in real time.

With these considerations, I find the service compliant in Requirement 3(3)(e).

The service demonstrated effective processes to meet the needs of consumers through timely referrals to individuals and other providers responsible for their care. Brokered service partners provide the service with a template which the service completes and attaches to a referral to ensure exchange of relevant and up to date consumer information. The service demonstrated that referrals are routinely identified during the development and review of care plans.

With these considerations, I find the service compliant in Requirement 3(3)(f).

# Standard 8

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| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant | Compliant |

Findings

The organisation demonstrated effective organisation-wide governance systems. Consumers and representatives advised they consistently receive quality care and services, and the service listens to their feedback. Staff demonstrated appropriate knowledge of key principles of organisation-wide governance systems, such as information management and regulatory compliance, and the organisation administers relevant policies and procedures that detail governance processes to guide staff practice. Organisational information is updated and published centrally and available to staff online and via email. Staff have access to an online mobile platform to review consumer information, provide end of service feedback and record incidents. The organisation administers an information flow chart showing the movement of information between consumers, workforce, management, and the organisation’s governing body and this matches the services documentation. Staff highlighted that managers, care coordinators and rostering staff reach out to them to provide feedback on changes to how their work is to be completed and Board directors demonstrated that they are provided with sufficient information at the service level to provide relevant and timely support.

The organisation’s plan for continuous improvement (PCI) effectively captures information and monitors progress. The PCI has supported the organisation to deliver effective data analysis systems to enable the Board to evaluate how they compare to other providers, correctly review clinical care including wounds, falls, medication incidents, high-impact and high-prevalence risks, and correctly identify the needs of consumers by reviewing complaints, financial statements, and Serious Incident Response Scheme (SIRS) notifications. The PCI has also driven education for the Board to ensure awareness of their obligations, and included restructure of the executive to provide more expertise at the governance level.

The organisation administers appropriate systems to ensure consumers are receiving timely financial information to assist them in decision making, including timely statements. Consumers advised they receive their financial statements on a regular basis. The financial and risk management body provide capital and revenue cost information and analysis, and Board directors demonstrated that the information provided by the finance and risk management body and the environmental, social and governance body supports them to meet their financial responsibilities in the delivery of safe and quality care and services.

The organisation engages a consultant to monitor its compliance responsibilities including ensuring administration of appropriate policies and procedures that are routinely reviewed and updated when required. The consultant also provides expertise and education to the Board, for example, on developing their knowledge and monitoring of clinical governance or new privacy information. The organisation demonstrated up to date policy for managing feedback and complaints and related training has been provided to management and the workforce on the policy. This includes education on complaints management objectivity and fairness, communication, serious incidents, continuous improvement, and escalation to the quality team.

With these considerations, I find the service compliant in Requirement 8(3)(c).

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)